

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1110.00**Complete if Known**

|                      |                       |
|----------------------|-----------------------|
| Application Number   | 10/526,530            |
| Filing Date          | March 2, 2005         |
| First Named Inventor | Terry Wayne Lockridge |
| Examiner Name        | Jonathan V. Lewis     |
| Art Unit             | 2425                  |
| Attorney Docket No.  | PU020414              |

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify): \_\_\_\_\_**Customer Number 24498**☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |                |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |                |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |                |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |                |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| Small Entity | Fee (\$) | Fee Paid (\$) |
|--------------|----------|---------------|
| 50           | 50       | 25            |

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 =

/ 50 =


(round up to a whole number) x

=

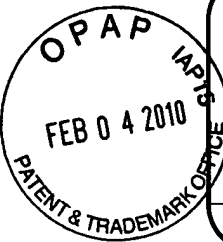
**4. OTHER FEE(S)**

Extension for response within third month

**Fees Paid (\$)****1110.00****SUBMITTED BY**

|                   |   |                                   |        |           |                |
|-------------------|---|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Vincent E. Duffy  | Registration No. (Attorney/Agent) | 39,964 | Telephone | (818) 480-5223 |
| Signature         |  |                                   |        |           | Date: 2/01/10  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.





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## FEE CALCULATION

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### 2. EXCESS CLAIM FEES

#### Fee Description

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| Small Entity | Fee (\$) |
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|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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### 3. APPLICATION SIZE FEE

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| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ |              |  |          |               |

### 4. OTHER FEE(S)

Extension for response within third month

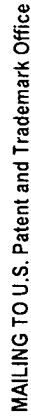
Fees Paid (\$)

1110.00

## SUBMITTED BY

|                   |                  |                                   |        |           |                |
|-------------------|------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Vincent E. Duffy | Registration No. (Attorney/Agent) | 39,964 | Telephone | (818) 480-5223 |
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Patent No. \_\_\_\_\_  
Atty: Vincent E. Duffy

| APPLICATION AS FILED |              |                        |  |   |              |                                    |                                     |            |                                     |
|----------------------|--------------|------------------------|--|---|--------------|------------------------------------|-------------------------------------|------------|-------------------------------------|
| Enter Date           | Enter Number | Check Type             | Check Items Mailed with Application                  | Enter Date  | Enter Number | Check Type                         | Check Items Mailed with Application | Enter Date | Enter Number                        |
|                      |              | Independent Claims     | <input type="checkbox"/> Original-US Nat'l           | <input type="checkbox"/> Declaration                      |              |                                    |                                     |            |                                     |
|                      |              | Claims in Excess of 20 | <input type="checkbox"/> Divisional                  | <input type="checkbox"/> Statement under CFR § 1.56-01.3M |              |                                    |                                     |            |                                     |
|                      |              | Claim Pages            | <input type="checkbox"/> Continuation                | <input type="checkbox"/> Assignment & Recordation Sheet   |              |                                    |                                     |            |                                     |
|                      |              | Specification Pgs      | <input type="checkbox"/> CPA/RCE                     | <input type="checkbox"/> Preliminary Amendment            |              |                                    |                                     |            |                                     |
|                      |              | Sheets of Drawings     | <input type="checkbox"/> Reissue                     | <input type="checkbox"/> Priority Document -              |              |                                    |                                     |            |                                     |
|                      |              | Abstract Pages         | <input type="checkbox"/> Re-Exam                     | <input type="checkbox"/> IDS 1449 with References         |              |                                    |                                     |            |                                     |
|                      |              |                        | <input type="checkbox"/> US Provisional              | <input type="checkbox"/> Utility Application Transmittal  |              |                                    |                                     |            |                                     |
|                      |              | Charge                 |  |   |              |                                    |                                     |            |                                     |
|                      |              | Mailed                 | AMENDMENTS   | Mailed  | Due          | APPEALS                            | Mailed                              | Due        | Express Mail Application Label No.: |
| 2/1/2010             | 11/5/2009    |                        | After Rejection                                      |   |              | Fee Transmittal Sheet in duplicate |                                     |            | Date Deposited: 2/1/2010            |
|                      |              |                        | After Final Rejection                                |   |              | Notice of Appeals                  |                                     |            | Filing Fee Exp.                     |
|                      |              |                        | After Allowance U/R312                               |   |              | Reply Brief                        |                                     |            | Issue Fee                           |
|                      |              |                        | Supplemental   |   |              | Pet. To Withdraw.                  |                                     |            | Ext Time§ 1.136(a)                  |
|                      |              |                        | Voluntary  |   |              | REQUESTS                           |                                     |            | Add Payment of Fee                  |
|                      |              |                        | Letter to Exam/Draftsperson w/ Drawing Correction(s) |   |              | Ext. Time§ 1.136(b)                |                                     |            | Fee Trans. Form in dupl.            |
|                      |              |                        | Pg(s) of Formal Dwg(s)                               |   |              | Cert. of Correction                |                                     |            | TOTAL FEE AMT.                      |
|                      |              |                        | OTHER  |   |              | OTHER                              |                                     |            | \$1,110.00                          |
|                      |              |                        | Lic. To For. File                                    |   |              | Statement NASA                     |                                     |            | Appointment Atty/Agent              |
|                      |              |                        | Reg. Priority 35USC119                               |   |              | Terminal Disclaimer                |                                     |            | Assignment & Record form            |
|                      |              |                        | Statement DOE  |   |              | Claim Disclaimer                   |                                     |            | Letter to PO                        |
|                      |              |                        | Statement under §1.56                                |   |              | Status Letter                      |                                     |            | Notif. of Foreign Ref.              |
|                      |              |                        | IDS w/ references                                    |   |              | Declaration                        |                                     |            | Correction Of Record                |
|                      |              |                        | Certificate of Mailing                               |   |              | Suppl. Declaration                 |                                     |            |                                     |
|                      |              |                        |  |   |              | Missing Parts Letter               |                                     |            |                                     |